

THOMAS L. GARTHWAITE, M.D. Director and Chief Medical Officer

FRED LEAF

Chief Operating Officer

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES 313 N. Figueroa, Los Angeles, CA 90012 (213) 240-8101

September 30, 2003

TO:

Each Supervisor

FROM:

Thomas L. Garthwaite, M.D.

Director and Chief Medical Officer

SUBJECT: DHS COVERAGE AND ELIGIBILITY DETERMINATION

This is to provide you with a status report on the Department's progress in implementing the health coverage and patient eligibility determination recommendations your Board approved on June 3, 2003 regarding the limitation of non-emergency medical care to Los Angeles County residents only.

## Patient Eligibility Determination – Non-Emergency Care

It is the Department's intention to implement its policy limiting non-emergency medical care to Los Angeles County residents in the Health Centers, Comprehensive Health Centers, and the Multi-Service Ambulatory Care Center ("MACC") effective October 1, 2003 for <a href="mailto:new">new</a> patients. The policy for <a href="mailto:established">established</a> patients will become effective November 1, 2003. Implementation for hospital outpatient clinic visits, hospital inpatient <a href="mailto:established">established</a> patients will become effective <a href="mailto:established">November 1, 2003</a>. Implementation for hospital outpatient clinic visits, hospital inpatient <a href="mailto:established">established</a> patients will become effective <a href="mailto:established">November 1, 2003</a>. Implementation for hospital outpatient, and Public Private Partnership clinics is targeted for December 1, 2003.

Pursuant to this policy, individuals who cannot verify a Los Angeles County address and do not have third party coverage (e.g., Medi-Cal, Medicare) or who cannot pay full charges, will <u>not</u> receive non-emergency care. This policy does not apply to Public Health services.

The Department has determined that limiting eligibility to Los Angeles County residents requires procedures for deferring patients to alternate care settings and as such, the DHS Medical Benefits Coverage Group established notification and referral procedures that will be implemented concurrent with the limitation of non-emergency care to Los Angeles County residents.

As DHS is limited legally through the Emergency Medical Treatment and Active Labor

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Act (EMTALA) in its ability to financially pre-screen patients who present for outpatient care in DHS' hospital based clinics or emergency rooms, in order to seek full charges for such care provided to non-county residents, it is necessary to restrict the Los Angeles County Reduced-Cost Health Care Plans, including the Outpatient Reduced-Cost Simplified Application ("ORSA") Plan, to Los Angeles County residents only. Pursuant to the Consent Decree in the <a href="Etter">Etter</a> settlement, the County was required to notify the <a href="Etter">Etter</a> plaintiffs of changes in its Reduced Cost Health Care Plans and allow 20 days for comment.

On August 29, 2003, DHS notified the <a href="Etter">Etter</a> plaintiffs of its intent to make certain procedural changes that would limit the Los Angeles County Reduced-Cost Health Care Plans to Los Angeles County residents only. The plaintiffs have responded with some concerns regarding the changes and, as required by the Consent Decree, on September 24, 2003, DHS and County Counsel met with the plaintiffs to discuss the issues raised. DHS will continue our discussions with the plaintiffs with the goal of implementing the changes to the ORSA Plan prior to the December 1, 2003 implementation of the Out-of-County Policy in the hospital based outpatient clinics and emergency rooms. These discussions will not impact DHS' ability to implement the Out-of County Policy in the clinics, comprehensive centers and the MACC on October 1, 2003.

## Health Coverage

In defining available benefits, DHS has identified services and clinical procedures that DHS will not provide to indigent patients seeking medical care in DHS facilities. Further, on an ongoing basis, DHS will continue to evaluate services and procedures and modify the list of exclusions as appropriate. Based on the advice of County Counsel, DHS will offer a 30-day public comment period for the draft listing of unavailable (excluded) services. DHS is targeting implementation of the Medical Benefits Package in 2004.

I will provide you with a report on our progress to implement these initiatives by December 15, 2003. In the meantime, if you have any questions or need additional information, please let me know.

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c: Chief Administrative Officer County Counsel Executive Officer, Board of Supervisors